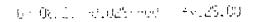
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COVER LETTER

D	ivision of Co.	rporations						
SUBJECT	٠.	14872WILDF	LOWER 1.	LC.				
000000	Name of Limited Liability Company							
The enclos	sed Articles of	Organization an	d fee(s) are	submitted	for filing.			
Please retu	ırn all corresp	ondence concern	ing this ma	iter to the	following:			
		М	artin f. Hyn	ıan				
		· · · · · · · · · · · · · · · · · · ·		Name of	Person			
	<u></u>			Firm/Co	mpany			
		7351 Hearthst	one Avenue	:				
	Address					2020		
	Address Boynton Beach / Florida / 33472 Boynton Beach / Florida / 33472					***		
	City/State and Zip Code							
	!	E-mail address: (to be used	for future :	annual report notifica	tion)	3	C.
For further i	nformation co	ncerning this ma	ater, please	call:			AM 5: 51	
	Martin I. H	yman	5(at (51	246-9097 _)			
	Nam	ne of Person	Ar	ea Code	Daytime Telephor	ne Number		
Enclosed i	s a check for t	he following am	ount:					
≣\$125.00) Filing Fee	□\$130.00 Fil Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certifica Certified	00 Filing Fee, ite of Status & Copy copy is enclosed	l)
	Mailir	u Addross			Street Address			

Mailing Address

TO:

New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, Ft. 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
1487	2WILDFLOWER LLC			
	in the words "Limited		"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u> :	d Office Address:		Mailing Addres	<u>ss</u> :
7351 Hearthston Boynton Beach,			7351 Hearthstone Ave Boynton Beach, Florid	
The name and the Florida street a	<u> </u>	Aartin I, Hyman Name arthstone Avenue		
	Florida street addres		eceptable)	
	Boynton Beach	Florida	33472	
	City	State	Zīp	
Having been named as registered of place designated in this certificate, further agree to comply with the proam familiar with and accept the ob-	I hereby accept the appo ovisions of all statutes re	ointment as register elating to the proper as registered agent A Hynn	ed agent and agree to act in and complete performance	this ean acity, 25 of my duties, tim d I

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Mahorized Member "MGR" = Mannager MGR	Title:	Name and Address:
MGR Martin L Hyman 7351 Hearthstone Avenue Rewitten Reach, Florida 33472 Remainer R Hyman 7351 Hearthstone Avenue Remainer R Hyman R Hym		
### Avenue Boynton Beach, Florida 33472 MGR	"MGR" = M	
MGR Francine R. Hyman 7331 Hearthstone Avenue Boynton Beach, Florida 33472 (Use attachment if necessary) (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after odate of filing.) otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records. RECURRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Martin I. Hyman Martin I. Hyman	MG <u>F</u>	Martin I, Hyman
Wight attachment if necessary) CUse Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after edate of filing.) Intelligent of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as edocument's effective date on the Department of State's records. CHICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, E.S. Martin I. Hyman		Roynton Reach, Florida 33472
(Use attachment if necessary) (OPTIONAL) an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) one; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records. CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Martin I. Hyman		OOVIROD DEACH, I WHOM 2:472
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(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:		ii <u>Č</u> i li
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:		Sign of the state of the stat
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Martin I. Hyman Typed or printed name of signee		This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State
Typed or printed name of signce		Marria I. Haman
		Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)